

Health Home Learning Collaborative

Children's Mental Health Waiver April, 2020

Logistics

- Mute your line
- Do not put us on hold
- We expect attendance and engagement
- Type questions in the chat as you think of them and we will address them at the end.



This Training is a Collaborative Effort Between the Managed Care Organizations and Iowa Medicaid Enterprise

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AGENDA

- 1. Introductions
- - April No Webinar No Face-to-face
 - May 18, Risk Stratification/ Comprehensive Assessment for non-ICM
 - June 1, Face-to-Face
 - June 13, Overview of SPA



Children's Mental Health Wavier

- Medicaid Home and Community Based Waiver that provides services and supports that are not available through other mental health programs and services.
- Can be used in conjunction with traditional services to develop a comprehensive support system for children with serious emotional disturbance.
- Services allow children to remain in their own homes and communities; child and family must choose HCBS services as an alternative to out of home placement.
- Provision must be cost-effective (Monthly Cap)



Eligibility

- Iowa Resident, ages birth through 17.
- Determined eligible for a Medicaid Program.
- Diagnosis of serious emotional disturbance as verified by a psychiatrist, psychologist or mental health professional (as defined in IAC Ch. 83) in the past (12) months.
- Be determined by the Iowa Medicaid Enterprise Medical Services Unit to need psychiatric hospital serving children under the age of 21 level of care



Serious Emotional Disturbance

Means a diagnosable mental, behavioral, or emotional disorder that:

- (1) Is of sufficient duration to meet diagnostic criteria for the disorder specified by the current version of the DSM published by the American Psychiatric Association; and
- (2) Has resulted in a functional impairment that substantially interferes with or limited a member's role or functioning in family, school, or community activities.



Serious Emotional Disturbance

"Serious emotional disturbance" shall not include neurodevelopmental disorders, substance-related disorders, or conditions or problems classified in the current version of the DSM as "other conditions that may be a focus of clinical attention," unless those conditions co-occur with another diagnosable serious emotional disturbance.



Parameters

- All waiver services must be provided in an integrated communitybased setting.
- An interdisciplinary team (IDT) meets to plan the interventions and supports a child/family needs to safely maintain the child's physical and mental health in the home.
- Service plan and individual crisis plan is developed collaboratively with the IDT.
- Service Plan must be completed before implementation of services and reviewed/update at least annually.
- Social history completed annually.



Parameters for Maintaining Eligibility

- A child must need and use, at a minimum, one unit of waiver service during each calendar quarter of the calendar year.
- A child who does not reside in the natural home for a period of 60 consecutive days or is in an inpatient medical institution 120 consecutive days, shall forfeit CMH waiver eligibility.
 - In the case of waiver loss due to an stay at an inpatient medical institution, if the child returns home after 120 consecutive days, the child can reapply for the CMH Waiver and the IME medical services unit will re-determine the child's level of care.
- Hierarchy for accessing waiver services:
 - (1) Private Insurance, (2) Medicare, (3) Medicaid and/or EPSDT (Care for Kids), (4) CMH Waiver services



Application Process

- Application for Medicaid (Title XIX-If not already eligible) and the CMH waiver is made with an IM worker at the local DHS office.
- After a completed application is received, the child is placed on the waiver wait list.
 - DHS's website (https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hcbs/waivers) does keep an up to-date summary of the wait list.
- Iowa Medicaid Enterprise (IME) releases a Children's Mental Health Waiver slot, and:
 - Parent/Guardian is informed by the Income Maintenance Worker by mail
 - Parent(s)/Guardian(s) should be encouraged to immediately respond to correspondence. This will
 decrease the amount of time needed to complete the application process.
 - MCO is informed by IME of the slot release by file transfer



Application Process

- If the member <u>is</u> already enrolled in an Integrated Health Home, the MCO informs the current IHH of the slot release for the member.
 - The IHH then informs the parent/guardian of the slot release.
- If the member <u>is not</u> already enrolled in an Integrated Health Home, the MCO informs the parent/guardian of the slot release for the member, and assists with providing education about local Integrated Health Homes and referral/contact information.
- At the time of the slot release, the parent/guardian can choose not to accept the slot. In those cases, the IHH/MCO notifies the Income Maintenance Worker.
 - If accepting the slot, the parent/guardian must return the signed letter and enclosed paperwork to the IMW in order to complete the acceptance process.



Core Standardized Assessment

Waiver/Service Type	Age	DHS Designated Assessment Tool
Children's Mental Health	0 - 3	CM Comprehensive Assessment (or modified PIHH)
	4 - 20	interRAI - Child and Youth Mental Health (ChYMH)
	12 - 18	interRAI - Adolescent Supplement (in addition to ChYMH)

Iowa Department of Human Services Informational Letter No. 2088-MC-FFS

For children ages 0-3, the CM Comprehensive Assessment can be found on the DHS Website, at https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hcbs/targeted-case-mgmt

interRAI assessments are available through the MCO's



Requesting Eligibility

MCO Members:

- Amerigroup: Submits 99490U2 request via fax or portal, and includes the required assessment, social history and verified diagnosis
- lowa Total Care: initial 99490U2 requests are completed upon notification from IME that member has been approved and will receive an email with CSR approval dates along with faxed NOD and can view in portal



Requesting Eligibility FFS

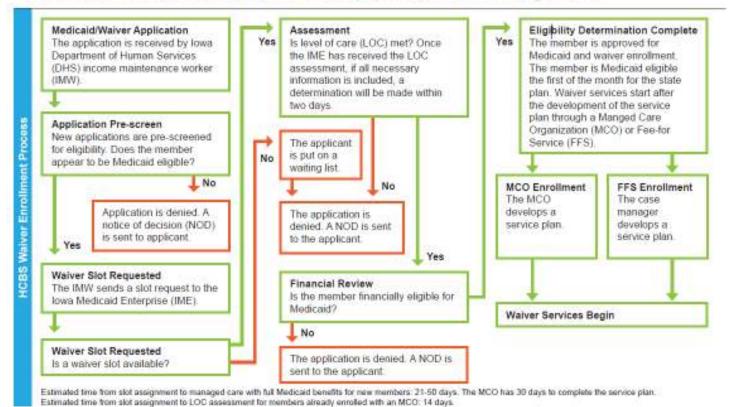




Comm. 497 (Rev. 9/19)

Home- and Community-Based Services (HCBS) Waiver

Enrollment Process for New Medicaid Members (Fee-for-Service and Managed Care)





Approval vs. Denial

- Initial CMH Waiver eligibility is <u>always</u> determined by IME Medical Services Unit.
- If member is approved, HH will notify the member and set up an Interdisciplinary Team Meeting to identify providers and possible services and complete Person Centered Service Plan (PCSP) with in 30 days of approval.
- If member is denied, the HH is responsible to provide the member the Notice of Decision, along with IME appeal information.



Interdisciplinary Team (IDT)

- IDT meeting determines:
 - Services that are needed through review of the identified needs in the assessment
 - Amount of service to be provided
 - Providers of the services.
- The IDT meeting will be attended by the member and family, IHH care coordinator, service providers, and other professional or support persons that the member chooses.
- The IDT will develop the service plan that is signed and dated by the member or the member's guardian, IHH care coordinator and the service providers.



Implementation of Services

- The service plan must be signed and in place before implementation of services.
- Authorizations for services:
 - FFS member the service plan recorded in the Individualized Services Information System (ISIS) authorizes FFS payment for Children's Mental Health Waiver services.
 - MCO's MCO must authorize the service via the submission of the service plan



Children's Mental Health Waiver Services

- In order to receive services, an approved CMH Waiver provider must be available to provide the services.
- CMH Waiver service providers must have training regarding or experience with persons who have mental health diagnoses.
- Children's Mental Health Waiver services cannot be simultaneously reimbursed with another HCBS Medicaid waiver service or a Medicaid service.
- CMH Waiver services cannot be provided when a member is inpatient in a medical institution.



Environmental Modifications and Adaptive Devices

- Items installed or used within the child's home that address specific documented mental health, or health and safety concerns.
- Must be for use in or on the child's home
- Excluded item include:
 - Items ordinarily covered by Medicaid, funded by educational or vocational rehabilitation programs, provided by voluntary means
 - Repair and maintenance of items purchased through the waiver
 - Fencing



Family and Community Supports

- Helps with the development and implementation of strategies that will result in the reduction of stress and depression, and will increase the child and family's social and emotional strength.
- May be provided to the child, child's family members, or to the child and family members as a family unit



Family and Community Supports

- May include the following interventions/activities:
 - Developing and maintaining a crisis support network for the member and family
 - Modeling and coaching coping strategies for the member's family for life's situations and crisis situations
 - Building resilience to the stigma of SEDs, reducing this by developing peer and community relationships
 - Developing medication management skills
 - Developing personal hygiene and grooming skills for a positive self-image
 - Developing positive socialization and citizenship skills



Family and Community Supports & Transportation

- Transportation and therapeutic resources reimbursement shall not exceed \$1,500 per child per year for FCS.
- May include transportation within the community and purchase of therapeutic resources. These may include:
 - Books
 - Training materials
 - Audio or visual media



In-Home Family Therapy

- Skilled therapeutic service provided to the child and family.
- Increase the child and family's ability to cope with the effects of the child's SED on the family relationships.
- Goal is to maintain a cohesive relationship.
- Supports family to develop coping strategies to enable the child to continue to live in the home.



Respite

Respite care services are services
 provided to the member that give
 temporary relief to the usual caregivers
 and provide all the necessary care that
 the usual caregiver would provide during
 that period to enable members to remain
 in their current living situation.



Respite

- Specialized Respite
 - 1 or more staff to every 1 child with specialized medical needs
- Group Respite
 - 1 staff to 2 or more children without specialized medical needs
- Basic Individual Respite
 - 1 staff to1 child without specialized medical needs



Health Home Transfers and CMH Waiver Eligibility

- Eligibility does not end when a Health Home enrollment ends, and the member transfers to another IHH.
- The IHHs are responsible when enrolling new clients from another IHH to ensure that waiver eligibility is known, and tracked.



- IME initiated eligibility termination
 - For MCO members, the MCO is notified by IME when a member no longer meets certain requirements (i.e. financial eligibility, out of home placement). MCOs are then responsible for notifying the Health Home.
 - Health Homes are responsible for tracking ongoing member eligibility.



Participation in the children's mental health waiver program may be terminated when the department decides:

- The specific need to attain the goals and objectives to which the service was directed have been achieved, or
- After repeated assessment, it's evident that the family or individual is unable to achieve or maintain the goals in the service plan, or
- After repeated efforts, it's evident that the family or individual is unwilling to accept further service, or
- Another community resource is available to provide the service or a similar service free of charge to the client that will meet their needs, or



- The client refuses to allow documentation of eligibility of need, income and resources, or
- The cost of the CMH waiver for the member exceed the monthly cap, or
- The member receives care in a hospital, nursing facility, PMIC for 120 days in any one stay, or
- The physical or mental condition of the consumer requires more care than can be provided in the home, as determined by the IHH Care Coordinator



- MCO initiated eligibility termination requests may be sent to the Income Maintenance worker when:
 - The member did not receive, at a minimum, one (1) billable unit of service under the waiver per calendar quarter.
 - Exceptions to Policy may be requested, and granted at the discretion of the DHS Director.



Other Considerations in working with youth

- CMH Waiver and PMIC transitions
 - Keep member enrolled and work with PMIC discharge planner.
 - Reserve Capacity slots are reserved for MHI,
 PRTF and Out of State Facility Placement
 Transition
- Regional funded programs
 - Transition Aged Youth Program
 - Knowledge Empower Youth



- DHS Home and Community Based (HCBS) Waiver Program
 - https://dhs.iowa.gov/ime/members/medicaida-to-z/hcbs/waivers
 - Website includes:
 - Children's Mental Health Waiver Informational Packet
 - HCBS Waiver Wait List Information



- Iowa Administrative Code
 - Chapter 83 Medicaid Waiver Services
 - https://www.legis.iowa.gov/docs/iac/chapter/03-27-2019.441.83.pdf
- 1915c Children's Mental Health Waiver
 - https://dhs.iowa.gov/sites/default/files/CMH waiver CMS Approved.pdf



- Instructions for completing the Case Management Comprehensive Assessment Form
 - http://dhs.iowa.gov/sites/default/files/TCMComprehe nsiveAssessmentInstructions-Rev1-10.doc
- Case Management Comprehensive Assessment Form
 - https://dhs.iowa.gov/sites/default/files/470-4694 0.pdf



- IL 2088-MC-FFS Assessment Tools Approved for HCBS
 - https://dhs.iowa.gov/sites/default/files/2088 MC FFS Assessment Tools Approved for HC
 BS 0.pdf



Thank you!

